



## OFFICIAL PETITION FOR PERMIT PARKING DISTRICT

We, the undersigned residents of the City of Rockville (18 years of age or older), petition the City of Rockville to establish a permit parking district at the following location(s): \_\_\_\_\_

This petition must be presented to all occupied households in the defined survey area. Abstentions are acceptable but must be listed, and any vacant properties should be noted. Only one signature per household is required.

Inquiries regarding this petition can be made to the City's Traffic & Transportation Engineering Division at (240) 314-8500.

	ADDRESS	SIGNATURE	PRINT NAME	PHONE NUMBER	CHECK		DATE
					FAVOR	AGAINST	
1	_____	_____	_____	_____	___	___	_____
2	_____	_____	_____	_____	___	___	_____
3	_____	_____	_____	_____	___	___	_____
4	_____	_____	_____	_____	___	___	_____
5	_____	_____	_____	_____	___	___	_____
6	_____	_____	_____	_____	___	___	_____
7	_____	_____	_____	_____	___	___	_____
8	_____	_____	_____	_____	___	___	_____
9	_____	_____	_____	_____	___	___	_____
10	_____	_____	_____	_____	___	___	_____
11	_____	_____	_____	_____	___	___	_____
12	_____	_____	_____	_____	___	___	_____
13	_____	_____	_____	_____	___	___	_____
14	_____	_____	_____	_____	___	___	_____
15	_____	_____	_____	_____	___	___	_____

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	ADDRESS	SIGNATURE	PRINT NAME	PHONE NUMBER	CHECK		DATE
					FAVOR	AGAINST	
16	_____	_____	_____	_____	___	___	_____
17	_____	_____	_____	_____	___	___	_____
18	_____	_____	_____	_____	___	___	_____
19	_____	_____	_____	_____	___	___	_____
20	_____	_____	_____	_____	___	___	_____
21	_____	_____	_____	_____	___	___	_____
22	_____	_____	_____	_____	___	___	_____
23	_____	_____	_____	_____	___	___	_____
24	_____	_____	_____	_____	___	___	_____
25	_____	_____	_____	_____	___	___	_____
26	_____	_____	_____	_____	___	___	_____
27	_____	_____	_____	_____	___	___	_____
28	_____	_____	_____	_____	___	___	_____
29	_____	_____	_____	_____	___	___	_____
30	_____	_____	_____	_____	___	___	_____
31	_____	_____	_____	_____	___	___	_____
32	_____	_____	_____	_____	___	___	_____

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	ADDRESS	SIGNATURE	PRINT NAME	PHONE NUMBER	CHECK		DATE
					FAVOR	AGAINST	
33	_____	_____	_____	_____	_____	_____	_____
34	_____	_____	_____	_____	_____	_____	_____
35	_____	_____	_____	_____	_____	_____	_____
36	_____	_____	_____	_____	_____	_____	_____
37	_____	_____	_____	_____	_____	_____	_____
38	_____	_____	_____	_____	_____	_____	_____
39	_____	_____	_____	_____	_____	_____	_____
40	_____	_____	_____	_____	_____	_____	_____
41	_____	_____	_____	_____	_____	_____	_____
42	_____	_____	_____	_____	_____	_____	_____
43	_____	_____	_____	_____	_____	_____	_____
44	_____	_____	_____	_____	_____	_____	_____
45	_____	_____	_____	_____	_____	_____	_____
46	_____	_____	_____	_____	_____	_____	_____
47	_____	_____	_____	_____	_____	_____	_____
48	_____	_____	_____	_____	_____	_____	_____
49	_____	_____	_____	_____	_____	_____	_____